

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90045 046 ***158.75

DOCUMENT # L92075

1. Entity Name
BERRYLAKE, INC.

834455



DO NOT WRITE IN THIS SPACE

Principal Place of Business
RT 15 BOX 3850
LAKE CITY FL 32024
US

Mailing Address
RT 15 BOX 3850
LAKE CITY FL 32024
US

2. Principal Place of Business
2000 N. MERIDIAN Road
 Suite, Apt. #, etc.
Suite # 240
 City & State
Tallahassee, Florida
 Zip
32303 Country
US

3. Mailing Address
2000 N. MERIDIAN Road
 Suite, Apt. #, etc.
240
 City & State
Tallahassee, Florida
 Zip
32303 Country
US

4. FEI Number **59-3229427** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ALFREY, MILDRED JEAN
RT 15 BOX 3850
LAKE CITY FL 32024

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2000 N. MERIDIAN Road
Suite # 240
 City **Tallahassee** FL Zip Code **32303**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREY, NORVAL K		NAME	NORVAL K. ALFREY	
STREET ADDRESS	RTE 15-BOX 3840		STREET ADDRESS	2000 N. MERIDIAN Rd. Suite # 240	
CITY-ST-ZIP	LAKE CITY FL 32024		CITY-ST-ZIP	Tallahassee, Florida 32303	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREY, MILDRED JEAN		NAME	MILDRED JEAN ALFREY	
STREET ADDRESS	RTE 15 - BOX 3850		STREET ADDRESS	2000 N. MERIDIAN ROAD. Suite # 240	
CITY-ST-ZIP	LAKE CITY FL 32024		CITY-ST-ZIP	Tallahassee, Florida 32303.	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Norval K. Alfrey** **Norval K. ALFREY** 04/12/00 (850)385-6004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #